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### **SUPPORTING MEMBER/CONSULTANTS MEMBERSHIP**

The Physical Security Interoperability Alliance (PSIA) was founded in February of 2008 with the objective of promoting the interoperability of IP enabled security devices. This new category encourages CSOs, integrators and consultants to show their support for the efforts of the PSIA. Members in this category are advocates for PSIA specifications and protocols and would work with the PSIA to promote. An advisory board will be formed in the near future that Supporting Members will be able to participate in.

- 1) Company Logo/link on PSIA Members Page website
- 2) Priority registration for PSIA Events such as demos, webinars, etc.

Name of Company/Consultant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Company Telephone \_\_\_\_\_ Fax \_\_\_\_\_

World Wide Web Address if applicable \_\_\_\_\_

Representative \_\_\_\_\_

Rep E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

Marketing Contact \_\_\_\_\_ Mktg Email \_\_\_\_\_

Each Member agrees that PSIA membership dues automatically renew each year on the anniversary of the date on which the Member joined the PSIA ("Renewal Date"). Members have 30 days from invoicing date to inform PSIA by email their intention to resign. Members will be liable for annual dues for the subsequent year unless the Member provides written notice of its intention not to renew at least thirty (30) days from invoicing date.

\_\_\_\_\_ (please initial)

\_\_\_\_\_ Supporting Level Member (US \$750.00 per year)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

When you have completed this application, Please fax 1(408)516-3950 or scan/save/email to [dmaguirepsia@gmail.com](mailto:dmaguirepsia@gmail.com). Once we have received your application, an invoice will be issued for payment of dues.